



# NITRATE & NITRITE IN DRINKING WATER

State Form 53281 (6-07)

Indiana Department of Environmental Management (IDEM)

Office of Water Quality - Drinking Water Branch - Compliance Section

INSTRUCTIONS: Please submit completed forms to: IDEM OWQ Drinking Water, Mail Code 66-34, 100 N Senate Ave, Indianapolis, IN 46204-2251

Lab Received:		QA Review Date:		Report Date:		Lab Report Number:	
For Laboratory Use Only => (Write dates as MM/DD/YY)							
PWSID:		Public Water System Name:					
IN							
Public Water System Contact Person:				System Contact Phone No:			
Main Lab Certification:		Main/Contracted Laboratory Name:					
- -							
Testing Lab ID:		Lab Contact Person:				Contact Phone No:	
C - -							
Collection Date (MM/DD/YY):		Sample ID:		POE:		Sampling Site/Location:	

Comp ID#	Compound Name	Analysis Date (MM.DD.YY)	Approved Method **	Result (mg/L)	Detection Level	BDL	MCL (mg/L)
1040	Nitrate	.		.	.	<input type="checkbox"/>	10.0
1041	Nitrite	.		.	.	<input type="checkbox"/>	1.0
1038	Nitrite & Nitrate	.		.	.	<input type="checkbox"/>	10.0

## Other Information :

Does the system chlorinate its water? ☐ Yes ☐ No

Was the sample dechlorinated at the lab? ☐ Yes ☐ No

Was this information sent to IDEM by the lab? ☐ Yes ☐ No

## Preservative Used:

☐ Iced

☐ H2SO4

☐ Other: \_\_\_\_\_

I hereby certify that all the information submitted herein is true and accurate to the best of my knowledge.

Completed By: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Reviewed by: \_\_\_\_\_